The Land Use Code Addresses Marijuana Establishments:

It states:

10.28.5 An applicant that has received a conditional license from the State of Maine for a marijuana establishment may apply for City approval of that category of establishment. Any approval or license based upon a conditional state license shall be conditioned on the applicant receiving an active license from the state within one hundred eighty (180) days of the date of the City’s approval. If the applicant fails to obtain an active license within that period, all City approvals, licenses and permits are void.

The Bud Bar, owned by Monica L. Landelier and located at 325 Water Street, has been granted a caregiver license with the State of Maine and has received approval from the Planning Board. The licensee acknowledges and affirms all information is true and complete and then will require local authorization. As part of the Marijuana Business License Application for the City of Gardiner, approvals must be given by Code Enforcement, Economic Development, City Manager, Gardiner Fire Department, Gardiner Police Department, Public Works, and City Council. Please note her caregiver's license expires 12/08/2020.

The City Council shall make findings of facts as to the application's conformance with the standards of approval. The Council may grant a conditional approval of a license for a period of less than one year.

All pertinent paperwork is attached.

<table>
<thead>
<tr>
<th>Requested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>'I move to approve the Medical Retail Marijuana/Dispensary License for The Bud Bar as all approval standards have been met as noted in City of Gardiner Code Chapter 11, Section 5.2 for a term of __________.'</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City Manager and/or Finance Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>The City Manager recommends the above action.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Council Vote/Action Taken</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Departmental Follow-Up</th>
</tr>
</thead>
</table>

---

**City Clerk Use Only**

1st Reading

2nd Reading

Final to Dept

**Advertised**

08/27/2020

Advertised

w/in 15 Days

Updated Book

Online

**EFFECTIVE DATE**
Marijuana Business License Application

- [ ] New Application
- [ ] Renewal Application
- [ ] Existing Facility as of 12/13/20
- [ ] Medicinal to Adult Use Conversion

**Adult Use Business**
- [ ] Retail Marijuana Store $1500
- [ ] Cultivation Facility Tier 3 2k-7k sq ft of canopy $2000
- [ ] Tier 4 > 7k sq ft of canopy $2500
- [ ] Manufacturing Facility $2000
- [ ] Testing Facility $500
- [ ] Nursery $1500

**Medical Business**
- [x] Medical Retail Marijuana/Dispensary $1000
- [ ] Medical Marijuana Cultivation Facility Tier 1 30-60 plants $500
- [ ] Tier 2 <2000 sq ft of canopy $1500
- [ ] Tier 3 2k-7k sq ft of canopy $2000
- [ ] Tier 4 > 7k sq ft of canopy $2500
- [ ] Medical Marijuana Manufacturing Facility $2000
- [ ] Medical Marijuana Testing Facility $500

**Applicant Information**

- **Name:** Monica Langalier
- **Address:** 117 Spears Corner Road, West Gardiner ME 04345
- **Phone:** 207-713-4182
- **Email:** monica72566@gmail.com

Do you own any other marijuana businesses?  
- [ ] Yes

If yes, please list and describe: Grow facility

---

Page 1 of 3
Do you currently hold any marijuana licenses or conditional marijuana licenses? Yes

Are you licensed caregiver? Yes

**Property Information**

Physical address of proposed marijuana business: 325 Water St., Gardiner ME 04345

Map __________ Lot __________ Zone __________

Property owner’s Name and address: ML3 Properties LLC - Marilyn Sienko, 30 Box 83, Gardiner ME 04345

Property owner’s phone: 207-713-6292

Property owner’s email: marilyn@msn.com

**Business Information**

Type of marijuana business: Retail (Medical)

Name of Business: The Bud Bar

Number of employees: 2

Hours of operation: Tuesday - Saturday 11 am to 6 pm

Brief description of the business: A retail store that will consist of products such as flower, edibles, salves, dabbs, tinctures, and oils.

Square feet of retail space: 800
Square feet of indoor plant canopy N/A

Square feet of outdoor plant canopy N/A

Square feet of manufacturing space N/A

Describe any security protocols: 
- Alarms will be installed at front and back doors.
- Camera will also be installed.

If extraction will be performed, please describe the process to be used and the machines/chemicals involved N/A

Are there any Hazardous processes or chemicals to be used at the business, if so please describe N/A

Describe any fire protection/suppression equipment: Fire Extinguisher

Do you own or have financial interest in any other marijuana businesses in any state? N/A

If manufacturing, please describe the processes as well as the products that will be manufactured N/A

Signature: Monica Langelier

Date: 7-22-2020

Page 3 of 3
<table>
<thead>
<tr>
<th>Department</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Enforcement</td>
<td></td>
<td>8-3-2020</td>
</tr>
<tr>
<td>Economic Development</td>
<td></td>
<td>8-18-2020</td>
</tr>
<tr>
<td>City Manager</td>
<td>Christine M. Sanders</td>
<td>8-7-2020</td>
</tr>
<tr>
<td>Gardiner Fire Department</td>
<td></td>
<td>8-7-2020</td>
</tr>
<tr>
<td>Gardiner Police Department</td>
<td></td>
<td>8-28-2020</td>
</tr>
<tr>
<td>Public Works</td>
<td>Christine M. Sanders, Interim</td>
<td>8-7-2020</td>
</tr>
</tbody>
</table>

City Council Approval Date: ______________________

Page 4 of 3
Maine Medical Use
Of Marijuana
Due Issued: 12/09/2019
Expires: 12/08/2020

Individual Caregiver
MONICA L. LANCELLER
DOB: 07/25/1966
No Retail Location Provided

Registration #: CGR25397
Control #: 729568
Authorized for: Plant Canopy-500 square feet
STATE OF MAINEMaine Revenue Services
RESALE CERTIFICATE

THIS CERTIFICATE IS VALID
JANUARY 01 2018 THRU DECEMBER 31 2022

Business Name and Location Address Certificate Number Business Type
LANGELIER MONICA L 1171554 DRUG STORE
117 SPEARS CORNER RD
WEST GARDINER, ME 04345-3502

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.

The above named business certifies that the following items will be resold as tangible personal property in the ordinary course of their business.

____________________________________
Presented to:
(insert name of seller on photocopy)
____________________________________
Presented by:
Authorized Signature (purchaser)
____________________________________
(date)

Individual’s Name: MONICA L. LANGELEIER
DOB: 07/16/1968

Registration #: CGR35397
Control #: 72956

Authorized for: Plant Canopy-500 square feet
STATE OF MAINE  
Office of Marijuana Policy  
Medical Use of Marijuana Program  
Caregiver Application

**SECTION 1: Caregiver Information.**

- **New**
- **Renewal**
- Modification to plant count
- Change to canopy-based cultivation

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Monica Lee Langelier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>7-25-66</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>207-713-4182</td>
</tr>
<tr>
<td>Home Address</td>
<td>117 Spears Corner Road</td>
</tr>
<tr>
<td>City</td>
<td>West Gardiner</td>
</tr>
<tr>
<td>State</td>
<td>Maine</td>
</tr>
<tr>
<td>Zip</td>
<td>04345</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Same</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

**Email Address (required):** Monica.725jld@gmail.com

**SSN or Federal EIN:** 004-78-1436

**Sales Tax Registration Number:** 1171554

**SECTION 2A: Cultivation Location.**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

☑ Indoor OR ☐ Outdoor. Please describe:

**SECTION 2B: Property Owner.**

<table>
<thead>
<tr>
<th>Legal Name of Property Owner</th>
<th>John (Jack) Donovan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>117 Spears Corner Rd.</td>
</tr>
<tr>
<td>City</td>
<td>West Gardiner</td>
</tr>
<tr>
<td>State</td>
<td>Maine</td>
</tr>
<tr>
<td>Zip</td>
<td>04345</td>
</tr>
</tbody>
</table>

**SECTION 3: Caregiver Retail Store.**

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business as Name, if applicable</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 4: Registered Caregiver Authorized Activities. Please check all that apply.

- [ ] Standard caregiver cultivation activities
- [ ] Standard caregiver processing and manufacturing activities (no inherently hazardous substance extraction)
- [ ] Processing or manufacturing of marijuana from a patient, caregiver, or dispensary
- [ ] Processing or manufacturing marijuana using inherently hazardous substances
- [ ] Manufacturing edible marijuana products
- [ ] Standard caregiver transfer, donation and/or sale of medical marijuana, concentrate and products to patients
- [ ] Operation of one caregiver retail store
- [ ] Purchase or other receipt of wholesale marijuana from other caregivers or dispensaries
- [ ] Sale or other transfer of wholesale marijuana to other caregivers or dispensaries

SECTION 5: Fees. The fee is $240 for each group of up to six (6) mature marijuana plants cultivated by a caregiver.

<table>
<thead>
<tr>
<th>Caregiver cultivating/servicing patients (Select either plant count or canopy.)</th>
<th>Caregiver non-cultivating/servicing patients (Purchasing from a registered caregiver or dispensary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plants</td>
<td></td>
</tr>
<tr>
<td>6 mature/12 immature plants</td>
<td>6 harvested/mature plants</td>
</tr>
<tr>
<td>12 mature/24 immature plants</td>
<td></td>
</tr>
<tr>
<td>18 mature/36 immature plants</td>
<td>12 mature/24 immature plants</td>
</tr>
<tr>
<td>24 mature/48 immature plants</td>
<td>18 mature/36 immature plants</td>
</tr>
<tr>
<td>30 mature/60 immature plants</td>
<td>24 mature/48 immature plants</td>
</tr>
<tr>
<td><strong>Fee</strong></td>
<td><strong>Fee</strong></td>
</tr>
<tr>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>$480</td>
<td>$480</td>
</tr>
<tr>
<td>$720</td>
<td>$720</td>
</tr>
<tr>
<td>$960</td>
<td>$960</td>
</tr>
<tr>
<td>$1200</td>
<td>$1200</td>
</tr>
</tbody>
</table>

Canopy

- [ ] 500 Sq. Ft. Canopy

Number of mature plants to be cultivated within canopy: 3

Example plant canopy fees:
- 31-36 mature marijuana plants, $1440
- 37-42 mature marijuana plants, $1680
- 43-48 mature marijuana plants, $1920
- 49-54 mature marijuana plants, $2160
- 55-60 mature marijuana plants, $2400

Application Fee: $1440

Background Check Fee: $31.00

Total Enclosed: $1471

SECTION 6: Local Authorization.

Upon receipt of the completed application, the Office of Marijuana Policy will send a Local Authorization form to the applicant. It will be the applicant’s responsibility to obtain Local Authorization pursuant to Title 22, Section 2429-D.

SECTION 7: Required Submissions.

- [ ] A cashier’s check or money order made payable to “Treasurer, State of Maine.” All fees are non-refundable.
- [ ] Copy of Maine-issued photo ID or copy of government-issued photo ID and proof of Maine address.
- [ ] Copy of food establishment/processing license, if applicable.
SECTION 8: Attestation.

I have read and attest to the following:

A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a registered caregiver in the Maine Medical Use of Marijuana Program (MMMP).

B. I have reviewed the rules and statute to allow me to execute my duties, rights and responsibilities as a caregiver under the laws and regulations governing the MMMP.

C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government-issued photo ID.

D. I will comply with inspections, as required, and refusal of entry could jeopardize my status as a caregiver.

E. I will comply with applicable regulations and requirements if I am producing edibles with medical marijuana, or using pesticides in the cultivation of medical marijuana.

F. I will abide by packaging and labeling requirements as defined in MMMP rules and statute.

G. I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes.

H. I may operate one retail store to sell harvested marijuana to qualifying patients for the patients' medical use.

I. I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine in accordance with state law.

J. I have provided my social security number or federal identification number for reporting to the Maine Revenue Service for tax purposes only.

K. I will collect and remit sales tax related to my sales and transactions of medical marijuana.

L. I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinances currently in place.

M. I will submit to annual background checks as required in statute or as required by program policy.

N. I must submit to the department annually, a report of the number of qualifying patients and visiting qualifying patients I have assisted.

O. I must submit a new application each time I apply for a card and renew a card.

P. If any of my information changes after this application is processed, I must notify MMMP.

Q. I am a Maine resident.

R. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke authorization to serve as a caregiver under the Maine law.

S. I will use the inventory tracking system specified, developed, and maintained by the Department or its designee. I will track, using the inventory tracking system specified by the Department, marijuana plants, marijuana, marijuana concentrate, and marijuana products from immature plant to point of sale.

T. I authorize the Department to transfer the information contained in this application to its third party inventory tracking system vendor for the purposes of establishing credentials in the inventory tracking system. I will use the inventory tracking system specified, developed, and maintained by the Department or its designee to track all marijuana plants, marijuana, marijuana concentrate and marijuana products from immature plant to point of sale.

Note: This application cannot be accepted without a signature.

Signature - This application cannot be accepted without a signature.

I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature

Date 11-30-19

Submission completed application and applicable fees (personal checks are not accepted) to the following address:

Maine Medical Use of Marijuana Program
Office of Marijuana Policy
4 State House Station
Augusta, ME 04333-0412
Phone: (207) 287-9220 or 287-2062; Fax: (207) 287-2061; TTY users: Dial 711 (Maine relay)
mail: dbhs.mmmp@maine.gov
website: https://www.maine.gov/dafs/om/jmedical-use/
August 26, 2020

The Bud Bar
Monica Langelier
325 Water St.
Gardiner, Maine 04345

Dear Ms. Langelier,

On behalf of the City of Gardiner, we would like to congratulate you on your July 11, 2020 Planning Board approval for the medical marijuana retail/dispensary facility with the condition of a letter of financial capacity at 325 Water St. Gardiner, Maine.

Please let me know if there is anything, you need from either City staff or me.

Again, thank you for choosing Gardiner.

Sincerely,

\[Signature\]
Debby Willis, Planning Board Chair

c: Tracey K. Desjardins
Director of Economic Development/Planning
Kris McNeill, CEO
CITY OF GARDINER  
FIRE & RESCUE DEPARTMENT

Interim Chief Richard Sieberg  
August 26, 2020

Dear Monica Langelier,

I have received your application to establish a business at 325 Water Street in Gardiner under the name The Bud Bar. Upon careful review of your proposal and discussion with the City’s Code Enforcement officer I feel comfortable that your business would not create a significant impact on the Fire Department.

As always we look forward to working with all of the businesses in the City. Please feel free to reach out to the Fire Department if you have questions or concerns.

Sincerely,

Richard Sieberg  
Gardiner Fire Department  
Interim Fire Chief
Dear Monica Langelier,

Regarding your license application for a medical marijuana retail business at 235 Water Street, as this will only be retail activity the City Wastewater Department has the ability to transport and treat domestic waste coming from the building from nominal use of existing plumbing fixtures, restrooms, breakrooms, etc.

Let me know if you need any further information.

Douglas E. Clark
Wastewater Director
City of Gardiner
Office of Code Enforcement

6 Church Street
Gardiner, Maine 04345

Phone: 207 582-6892
Fax: 207 582-6895

August 27, 2020

Dear Monica Langelier,

In regards to your license application for a medicinal marijuana retail business at 235 Water Street, I find that the proposed business meets all requirements of Gardiner’s Land Use Ordinance and City Codes.

Kris McNeill
Code Enforcement Officer
City of Gardiner Maine
August 28, 2020

Memo To: Monica
Memo From: Paul Gray  Gardiner Water District
RE: Proposed Marijuana Retail Facility 325 Water St Gardiner

Monica,

Per our conversation this morning, I foresee no adverse impact to operations of the Gardiner Water District related to your proposed retail marijuana facility to be located at 325 Water St in Gardiner.

Sincerely,

[Signature]

Paul Gray  Supt. GWD